



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 1072

<b>SERIAL NUMBER</b> 10/051,140	<b>FILING DATE</b> 01/22/2002  <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3763	<b>ATTORNEY DOCKET NO.</b> 47123-00073USPT
------------------------------------	---	---------------------	-------------------------------	---

**APPLICANTS**  

Sakharam D. Mahurkar, Chicago, IL;

**\*\* CONTINUING DATA \*\*\*\*\***  
 This appln claims benefit of 60/333,721 11/28/2001 *[Signature]*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
*none* *[Signature]*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **\*\* SMALL ENTITY \*\***  
**\*\* 02/21/2002**

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Met after Allowance	STATE OR COUNTRY IL	SHEETS DRAWING 45	TOTAL CLAIMS 132	INDEPENDENT CLAIMS 38
--	---	---------------------------	-------------------------	------------------------	-----------------------------

**ADDRESS**  
 30223  
 JENKENS & GILCHRIST, P.C.  
 225 WEST WASHINGTON  
 SUITE 2600  
 CHICAGO, IL  
 60606

**TITLE**  
 Retractable needle single use safety syringe

<b>FILING FEE</b>  <b>.RECEIVED</b> 2848	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
---	---	---